

September 1, 2003

Richard E. Larson  
Executive Chairman  
CARES Commission

Mr. Larson and members of the Commission, On behalf of the bargaining Unit Members of NAGE R5-184 and the veterans we serve in VISN 9 thank you for affording us this opportunity to address our views and concerns about the CARES (Capital Asset Realignment for Enhanced Services) Plan.

From the CARES FACT SHEET dated January 1, 2001, We understand that through CARES, VA is evaluating the health care services it provides, identifying the best way to meet the needs of all veterans in a more timely, effective and efficient manner, not to reduce health care services but to change the way it delivers care.

Thus it would seem the paramount objective is to more effectively use its resources to deliver care to the five (5) million plus veterans in places where veterans need it most.

There has been confusion at times, erroneous information on the news, rumors, and much speculation concerning the future healthcare of veterans at the Lexington VA hospitals.

Rumors that have included closing the Cooper Drive Division and closing the Leestown campus; closing the Leestown campus and upgrading and/or building on to and renovation of Cooper Drive; and alternative uses of the Leestown campus to provide revenues to be used locally and invested in services for veterans.

We can only say we hope that whatever the most current speculation, you take into consideration the impact on both our veterans and employees....

congestion of traffic, inadequate parking, lack of sufficient space to treat and serve our veteran population, extended waiting times for clinic appointments, trying to make room in already overcrowded conditions and an ever dwindling staff in the trenches.

Currently, veterans wait six (6) months or longer to get an appointment. If they need consults to see other specialties they are again on a waiting list.

Secretary Principi said in his 8/27/03 interview with Lou Dobbs, "By the end of the year it's my goal, my vision that there are going to be no waiting lists for veterans who are enrolled in our VA healthcare system. No veteran should have to wait more than thirty (30) days to receive Primary Care."

With the United States involved in Military Affairs world wide, there will be a new generation of veterans added to the current veteran

population, and with the cost of healthcare rising every year and the budget cuts there is no doubt that change is needed, but what kind of changes? So we must question:

How far does a veteran have to travel to seek care?

How will facilities closing affect veterans who are already waiting six months or longer for an appointment?

By consolidating services and critical care facilities within the VISN's, how will this best serve the veteran population?

With the rising cost of gas and the current level of travel pay, driving to even the closest facility doesn't cover the costs, so how will it impact the patient who is hospitalized and who's family cannot visit or cannot visit as frequently due to extended travel times and costs?

How will the proposed CARES changes for Lexington impact our employees?

The VA has cut services in the past. It has reconstructed, reviewed, revised, realigned, reorganized, regulated, restored, remodeled, rebuilt and regrouped.

It is now time for reflection. Time to change, but the changes need to be to IMPROVE services, to IMPROVE waiting times, to IMPROVE care and to keep costs to veterans as minimal as possible.

To paraphrase a quote from John F. Kennedy (1/9/61 speech to the Massachusetts State Legislature)

"When at some future date the high court of history sits in judgement on each of us, Recording whether in our brief span of service we fulfilled our responsibilities, Our success or failure will be sure by the answer to four (4) questions:

- 1) Were we men of courage?
- 2) Were we men of Judgement?
- 3) Were we men of integrity?
- 4) Were we men of dedication? "

It is our vision, our hope, that as you make these decisions to revitalize, reform, restore, refresh and revive the VA healthcare system that YOU have the courage to make change, that YOU use good judgement in making your decisions, that YOU do it with integrity and with dedication to make it work. But, most of all, that you remember. Remember the courage, the dedication, the integrity of ALL the men and women who proudly served and continue to serve in the Armed Forces of the United States. Remember all who have passed through our doors and all those who will pass through for years to come.

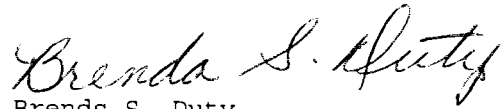
In your quest for change, Remember all who have need for an outstanding healthcare system, who deserve NO LESS than timely, effective, efficient, affordable healthcare, who have EARNED the right to it. To give them anything less would be a travesty!

Veterans are a very special breed with special needs, and that is

why we dedicate ourselves to their care.

I can find no words better than those used by the union  
representatives of VISN 4..... Public service is a noble calling, and  
it is more honorable and rewarding than caring for veterans.

Sincerely,

A handwritten signature in cursive script that reads "Brenda S. Duty".

Brends S. Duty

President NAGE Local R5-184  
Lexington, Kentucky VAMC

**September 8,2003**

**To: CARES Commission**

**From: Sandra Richardson  
President, AFGE, Local 1133**

**Subject: Written Statement**

**It is a privilege to speak before this commission. My name is Sandra Richardson. I am the president of AFGE local 1133,in Louisville, Kentucky. Local 1133 represents about 900 bargaining unit employees. The Louisville V.A. has approximately 41,000 veterans enrolled in our system. I understand that between now and 2010 these numbers are expected to rise.**

**During the latter part of 2002 I was assigned by Tim Snea, Director of the Louisville V.A., to participate on a Visn-9 CARES committee task force. These committee's were tasked with, how to provide accessible,quality, timely care to our growing Veteran population. The committee that I was assigned to has submitted proposals to this commission for the Louisville V.A. Our proposals included the opening of three new out-patient clinics. These clinics would be located in counties that projected survey's have shown, would have the fastest growing rate of veteran patients. If approved ,it would allow the Louisville V.A.,to cut clinic wait times and provide veterans with quality care closer to their home. Since these clinic's would require only a minimal staff to operate,it should not create more financial woes to our struggling economy.**

**Our next proposal was to build a new hospital. A new hospital would give the Louisville V.A. the extra space that we need. During committee meetings it was discussed that perhaps the Louisville V.A. could partner with the DOD to build a hospital or the Louisville V.A. could partner with another hospital in the Louisville area and build a hospital together. In this way the Veterans Administration would not bare all the expense, it would be shared by another party. A hospital with in a hospital could also share equipment and space.**

**I personally believe that the next proposal would be the most beneficial to the veteran patient and the taxpayers of this country. It is proposed to renovate the existing Louisville V.A. In my mind, to close an existing V.A. facility that could be refurbished, would be a waste of resourses that could be used to provide care to our veteran patients.**

**The following statement is not meant to offend any hospital nor any group of employees. It is my belief that V.A. employees provide better care, with less money, less staff, and less resources than any other hospital could in these United States. Without a doubt Veterans hospital's are the hospital of choice for the veteran patient. I would request that this commission allow us to continue a tradition that**

**began over 50 years ago. A Veteran hospital for a Veteran Patient.**

**I would like to extend my thanks to this commission for allowing me the opportunity to speak for and on behalf of the Veteran and the employees of AFGE Local 1133 in Louisville, Kentucky.**

Written Testimony of  
Barbara Devers BSN, RN  
President, UAN/KNA Local 102  
Hearing on  
Capital Asset Realignment for Enhanced Services  
Before the CARES Commission  
September 8, 2003

Mr. Chairman, my name is Barbara Devers and I am a Registered Nurse who has worked for the VA since July 1995. I am also the president of UAN/KNA Local 102, a position I have held since the fall of 1999.

I appreciate your invitation to submit a written statement at this hearing. I would like to share with you the concerns of my fellow RN's in regards to the Capital Asset Realignment for Enhanced Services (CARES). As part of CARES, it has been proposed that the Leestown outpatient and nursing home care units would be consolidated at the Cooper Drive division. My comments focus on three related aspects: (1) the nursing shortage; (2) displacement of workers; and (3) parking.

1. I have read, on numerous occasions, that the VA has the largest nursing staff of any hospital system. I have no doubt that this is a true statement overall. At the same time, we in Lexington, are faced with not only RN vacancies in the double digits, but a hiring freeze.

Our nurses are, by necessity, experts at multi-tasking. It seems that when a position comes open, the question of how to fill it becomes how to break it into pieces and spread it out. This in turn makes it the responsibility of many without having to hire a replacement.

Our nurses are overworked, yet at the same time, cautioned against overtime. We are here to proudly serve our veterans, but sadly, we are often spread much too thin to do much more than absolute necessities.

Throughout the CARES process, management has tried to keep all informed via Townhall meetings and email releases. The problem is that few of us in direct patient care, have the luxury to leave our duty stations for 45 minutes to an hour, in order to participate. Further, many of us don't have the time to give much more than a quick glance at our VA Buzz newsletters. Usually, we find that our time at the computer is

spent charting. This all results in many of our RN's not having a good understanding of CARES. This leads me into my second concern.

2. As I stated earlier, I have been working at the VA since July 1995. My VA Career has been spent at the Cooper Drive facility. During that time, I have worked on 4 South, 3 North, 3 South, and the Chemo/Infusion Room. I moved from 4 South to 3 North due to unit closure. There is probably not a nurse, who has been here more than a couple of years, that has not been displaced at least once. This is of great concern to the Leestown nurses.

The fear expressed to me, numerous times, has been that they will be reassigned at random without being given a choice. I would like to reassure them that in the event of this, that reassignment would be done in a fair and equitable manner. Past experience has shown me otherwise. Reassignments are usually conducted differently each time, often ignoring seniority.

There are problems with both patients and employees, concerning parking, at the Cooper Drive division. Often patients will drive for hours only to be told that the garage is full. For as many RN's that fear displacement, and equal number have concerns about parking.

3. Where will the additional parking for, not only patients but employees, be found? As employees, we pay greater than \$200.00 a year to park at a University of Kentucky parking lot. There is also a structure that is slightly more expensive, that has a waiting list for spaces. It is known among VA employees, that if you arrive after 0900 in the morning, your chances of finding a place to park, is nearly impossible.

If you arrive to the lot before 0830, you can ride the VA bus from the parking lot to the hospital. The exception, of course, is when the bus is broken down. The buses are old and this usually happens during rainy and/or cold weather. When this does happen, there is a fourteen passenger van. Sometimes the van will come and go as many as 3 times before your turn comes around.

If you happen to get injured in the lot, it is not the VA's responsibility. The VA feels that the parking lot is owned by the University of Kentucky, therefore, it is their responsibility. The University of Kentucky does not take responsibility because VA employees are renting the lot. The university considers it a VA concern.

In the event that once an employee is at work and has to leave due to illness or family emergency, especially since 9/11, you are on your own to get back to the lot. Not always a pleasant task if you're sick to begin with or in the event of an emergency, you don't have the moments to spare, waiting for a ride to the lot. When traffic is light, I can walk it in a brisk 8-10 minutes. When you're sick, you don't go briskly.

The problem is further exacerbated by 12 hour shifts. The bus/van stops running at 1820 daily M-F. Although, the nurses always try to go and retrieve their cars while there is still bus service, this is not always possible. Your choice then becomes whether to have EMS drive you to the lot or walk. Often waiting for EMS adds as much as 45 minutes to an hour to an already long day. On the other hand, depending on the time of year, the walk can be cold, dark, and risky.

This has been an ongoing concern at the VA. Committees have been formed and suggestions put forth. As of yet, there have been no feasible answers. Now it seems that the problem will intensify due to added patients and employees.

In closing, I would like to thank you for inviting me to attend this hearing and giving me the opportunity to submit these concerns.

Barbara Devers BSN, RN